

Consolidated City of Indianapolis and Marion County
Public Records Request Form

Date: _____

To: _____
Address: _____

From* : _____
Address: _____

Phone: _____

Phone: _____
e-mail: _____

Agency/Agencies which maintain(s) the requested record(s): _____

Requested record(s): (Please be sure to describe the records sought with enough detail for the agency to identify the records you seek.) _____

A copying fee of \$0.04 per page will be charged for each page copied. Additional charges may apply for records provided in a non-paper format. If you wish to have copies mailed, additional reimbursement for mailing costs may apply.

If you wish to be informed of the number of pages before copying fees are incurred, check this box. ☐

* Please note that while it is not necessary to provide a name and address to obtain public records, it will assist us in contacting you to inform you when your records will be available.